IN THE UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF TEXAS

TEXARKANA DIVISION

VERA EASTER, individually*		
and as Next Friend of *		
JORDAN DELANEY EASTER, *		
a minor, *	CIVIL ACTION NO.:	
*	5:03-CV-141	
Plaintiff, *	Jury	
v. *	Assigned to Judge Ward	
AMERICAN HOME PRODUCTS *		
CORPORATION, d/b/a WYETH,*		
et al., *		
Defendants. *		

* * * * * * * * * * *

Videotape deposition of MARK R. GEIER, M.D., Ph.D, taken on Friday, November 12, 2004, at 9:52 a.m., at Orrick, Herrington & Sutcliffe, L.L.P., 3050 K Street, NW, Washington, D.C., before Christine Thomas, Notary Public.

* * * * * * * * * * *

Reported by: Christine Thomas, RPR

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ALSO PRESENT: Michael Gerard Gay, Videographer
Kenneth Y. Turnbull, Esquire

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PROCEEDINGS

MR. SMITH-GEORGE: We're here at the deposition of Dr. Mark Geier, yesterday morning there was a subpoena duces tecum filed in this case, we filed an objection to it. I'd mark the objection as the first exhibit to the deposition. Despite the fact we objected to the subpoena, we have produced documents here, and I wanted to catalog for the record what those documents are.

First, we have a packet of documents, starts with a letter dated November 9th, 2004 from Monica Furino to -- I'm sorry. Here it is, from Monica Furino to Dr. Mark Geier, it's dated November 2nd, 2004, which enclosed the medical records pertaining to Jordan Easter. Dr. Geier is not here to offer specific opinions about the Easter case, but he requested to see the records so we sent them to him.

We then have three pages which consist of Dr. Geier's billing records in this

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case. We then have a packet of 40 or so pages, which is a series of e-mails between Dr. Geier and the attorneys at Waters & Kraus and myself.

We then have a stack, which is about six inches, seven inches thick, which is the various generations of his report, beginning with a letter from Dr. Geier to Senator John Kerry dated September 26th, 2004, which was the genesis of the report. Although, we don't think that all of the accompanying documents constitute drafts, in the abundance of precaution we had the doctor print out whatever he had related to his reports, hence this stack.

We then have an e-mail from Robert Bodily to Mr. Waters and myself attaching some various reporting that Dr. Geier has reviewed.

We then have a series of notebooks, the first notebook is entitled Thimerosal Notebook No. 1, which contains the Simpsonwood presentation transcript, as well as various medical articles, Power Points that were

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presented to the -- by the CDC.

We then have a second Thimerosal Notebook No. 2, it encloses a series of different medical articles. We have Thimerosal Notebook No. 3, which again has a series of medical articles. We have somewhere here -- do you know where No. 4 is.

THE DEPONENT: No, but it's one of those. That's No. 5.

MR. SMITH-GEORGE: Oh, yeah. We have Thimerosal Notebook No. 4, again contains more articles. Thimerosal Notebook No. 5, which also contains a series of medical articles. Is that five the max?

THE DEPONENT: Actually, there's a list right there. I tried to catalog what we're doing.

MR. SMITH-GEORGE: So there's a Mercury Notebook No. 1, that is this one. That again contains some medical articles.

MR. THOMASCH: Is there an

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identification on each of these binders that matches what you're now saying?

MR. SMITH-GEORGE: Yeah.

MR. THOMASCH: Okay. Thank you.

MR. EVALL: What did you say that contains?

MR. SMITH-GEORGE: That was Mercury Notebook No. 1. Then we have a series of DPT notebooks. One and two are in the same volume, three and four in the same volume, five and six in the same volume. Then there's a volume seven. We have an Autism Epidemic Notebook No. 1. A publicity notebook. And is that related to the 1970 --

THE DEPONENT: Yes.

MR. SMITH-GEORGE: Related to Dr. Geier's work in the early 1970 --

MS. OWENS: Publicity?

MR. SMITH-GEORGE: Correct. Newspaper clippings and accolades he received for his early genetic work. Then we have a CDC

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document notebook. This is DTP one, two, three, four.
MR. THOMASCH: How many CDC notebooks?
MR. SMITH-GEORGE: That's what I'm looking for now. Do you know where that one is?
THE DEPONENT: No.
MR. SMITH-GEORGE: Is that A?
THE DEPONENT: Where's my list?
MR. SMITH-GEORGE: Oh, you just have Notebook A separate. This is a notebook containing -- Notebook A is containing articles concerning Dr. Geier's research relating to mercury.
MS. OWENS: I'm sorry, research relating to what?
MR. SMITH-GEORGE: Mercury. Various magazine articles that have quoted him.
MR. THOMASCH: What happened with the CDC notebooks?
MR. SMITH-GEORGE: I'm looking. Here it is. Just one notebook.

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MR. THOMASCH: Just one.
MR. SMITH-GEORGE: And the only other thing is we brought a copy of a television program called WXYZ tape where Dr. Geier appeared. He's free to answer questions about that. I just wanted to detail for the record what we did produce for this deposition.
THE DEPONENT: And if anybody wants copies of these, these are originals, we will take requests and if, you know, you paid for the time and copying, we'll copy them. But we don't want to let these out, we've had too many bad experiences of people mixing them up. We won't use a copy service, I want them copied by my private secretary.
MR. SMITH-GEORGE: As long as you mark what you want copied.
MR. THOMASCH: We want a set of all of them. It's our typical practice to send it to a copy service. We're happy to pay a reasonable charge for copies, but not time charges.

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MR. SMITH-GEORGE: I understand.
MS. WOODBURY: Is there an index?
THE DEPONENT: Some of them have an index.
MR. SMITH-GEORGE: Some of them are just a collection of articles. It's a way for him to keep his library together. As I understand, these proceedings are being taken in the Easter case, which is a case pending in the Texas Federal Court. And you all have seven hours. And I would like the court reporter to note, and I guess we can go on the tape time. But we'd like to get this accomplished today. We're ready to go.
One last thing, there's an article from Bradford Hill entitled, "Environment and disease association of causation," should be in one of the notebooks, it's loose but it's one of his articles.
THE VIDEOGRAPHER: This video deposition is being taken in accordance with the Federal

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Rules of Civil Procedure on November the 12th, 2004, at approximately 9:52 a.m. We are at 3050 K Street, Washington D.C. Our court reporter is Christine Thomas with CRC-Salomon. My name is Michael Gay, I'm with Legal Video Solutions. The caption of the case is Easter versus Wyeth, et al. The party giving notice of this deposition is Daniel J. Thomasch. Will all attorneys present please identify themselves and who they represent.
MR. THOMASCH: I'm Daniel Thomasch, Orrick, Herrington and Sutcliffe, representing Wyeth.
MR. EVALL: Joseph Evall, Orrick, Herrington and Sutcliffe, Wyeth.
MS. HALPERN: Tamar Halpern, Phillips, Lytle, Hitchcock, Blaine & Huber, for GlaxoSmithKline.
MR. ELLIOTT: Paul Elliott, Baker Botts, for Wyeth.
MR. MARSHALL: Stephen Marshall,

Venable, for Merck.
MR. ELLIOTT: Excuse me, Merck.
MS. OWENS: Diane Owens with Swift, Currie, McGhee & Hiers, for Aventis Pasteur, Inc.
MR. NORTHRIP: William Northrip, Shook, Hardy & Bacon, for Eli Lilly.
MS. WOODBURY: Marie Woodbury, Shook, Hardy & Bacon, for Eli Lilly.
MR. SMITH-GEORGE: Jonathan Smith-George for the plaintiff.
THE VIDEOGRAPHER: Our witness today is Dr. Mark R. Geier and will now be sworn by our court reporter.
MARK R. GEIER, M.D., Ph.D.,
The deponent herein, being first duly sworn to testify to the truth in the above cause, was examined and testified on his oath as follows:
EXAMINATION
BY MR. THOMASCH:
Q. Good morning, Dr. Geier.
A. Good morning.

Q. Before you were sworn in, did you hear Mr. Smith-George, counsel for the plaintiffs, indicate that we had seven hours to conduct this deposition?
A. Yes, I did.
Q. And you understand the scope of the material that we have to cover that relates to your expert report and your opinions in this subject matter is relatively broad; would you agree with that?
A. Yes.
Q. Would you do me the courtesy of trying to answer my questions as directly as possible so we can conserve time, and if the question doesn't appear to have a direct answer, let me know and I'll try to rephrase it; is that all right with you?
A. I'll do my best, sir.
MR. THOMASCH: I'd like to mark as Exhibit 1 to this deposition a letter to Mr. Waters from Winstol D. Carter, Jr., dated

November 10, 2004, attached to which is a Notice of Intention to Take Oral Videotaped Deposition of Dr. Mark R. Geier.
MR. SMITH-GEORGE: That would be Exhibit No. 2. My objection to subpoena is offered as the first exhibit.
MR. THOMASCH: All right. We'll do it your way, save time.
(Deposition Exhibit No. 1, objection to the subpoena, and No. 2, Notice of Intention to take Oral Videotaped Deposition of Dr. Mark R. Geier, were marked.)
Q. (BY MR. THOMASCH) Dr. Geier, I'll show you what's been marked as Exhibit 2 of this date, ask you just to take a look at that. And in particular, past the cover letter to the notice of deposition. Have you seen this document before?
A. Yes.
Q. And if you flip to page 5 you'll see, I'm sorry, page 6 you'll see a series of document

requests. Have you seen those before?
A. Yes.
Q. Now, on the first page of the subpoena it indicates a case caption, Vera Easter versus American Home Products Corporation, doing business as Wyeth, et al.; do you see that?
A. Yes.
Q. Do you understand that to be the case that we are taking your deposition in today?
A. Yes I do.
Q. Now, today is Friday, November 12th, 2004. When did you first have an intention or an expectation of being deposed today?
A. When did I know that this was the date?
Q. When did you know that you were going to have your deposition taken on November 12th?
A. A few weeks ago.
Q. All right.
A. At least it was tentative. I didn't know for certain until a couple days ago.
Q. But you had a tentative date a few weeks

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ago, correct?
A. Yes.
Q. That was well in advance of receiving the Easter notice of deposition; is that correct?
A. Yes.
Q. Are you familiar with a case with the name, first plaintiff's name of Skevofilax?
A. Not off the top of my head.
Q. Are you familiar with a case pending in state court in Baltimore involving thimerosal-containing vaccines in which you have been identified as an expert witness?
A. I know of the case. I haven't done a lot of work on that case.
Q. All right.
A. I've heard there's a case in Baltimore.
Q. Were you aware that that case was the case in which you were originally scheduled to appear for a deposition today?
A. No.
Q. All right. Let me show you what we'll

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mark as Exhibit 2.
MR. EVALL: Three.
Q. (BY MR. THOMASCH) Three, thank you, which is an October 20th, 2004 letter from Kenneth Y. Turnbull to Paul W. Spence, re Skevofilax versus Aventis Pasteur, Inc., attaching vaccine defendants' notice of deposition relating to Mark R. Geier, M.D., Ph.D. We'll have this marked as Exhibit 3, please.
(Deposition Exhibit No. 3, vaccine defendants' notice of deposition, was marked.)
Q. (BY MR. THOMASCH) Dr. Geier, I'll show you what's been marked as Exhibit 3, and ask you to flip through, particularly past the cover page to the notice of deposition and Skevofilax case, do you see on the first page that you are identified as the deponent?
A. Yes.
Q. That the date is Friday, November 12th, 2004?

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A. Yes.
Q. And the location of these offices?
A. Yes.
Q. Were you aware of this document having been served in the Skevofilax case?
A. No. What I was told was to prepare to be a general causation witness. And that the plaintiff's attorneys would determine -- I don't know exact time, but a number of weeks ago would determine which of the two cases I would appear in. I was aware there was a case in Texas and a case in Baltimore. And I was subsequently notified that the case that would be done at this time would be the case in Texas. That's my only knowledge of this.
Q. Okay. When you were notified you, understood you were going to have a deposition in these offices on this date in one of those two cases; is that correct?
A. That's correct.
Q. Now this Exhibit 3 is dated October

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20th, 2004; is that about the time that you learned that you would be deposed on this date?
A. I believe that's around the time.
Q. Okay. And did you know that the defendants had requested you to bring certain documents with you to the deposition as of that date?
A. No, but I, you know, having done these before, I had in my mind that you would be wanting the documents, but I hadn't any specific request at the time.
Q. Mr. Smith-George has read into the record information pertaining to what you brought with us, I just want to see if I can summarize. As I understand it in addition to various packets of information that have been identified on the record there were five notebooks that related to Simpsonwood and various medical articles, a mercury notebook, four DTP notebooks, an autism epidemic notebook, a publicity notebook.
A. What he has handed you is my personal

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1 list. It's really a lot of material so I tried
2 to make a list before I came so that I'd have
3 this ready for you
4 **Q. All right. We'll mark this as Exhibit 4**
5 **of this date.**
6 **(Deposition Exhibit No. 4,**
7 **handwritten list of documents, was marked.)**
8 **Q. (BY MR. THOMASCH) Am I correct there**
9 **are 14 notebooks that you've identified as**
10 **bringing with you today?**
11 A. Yes, that's correct.
12 **Q. Okay. And how did you physically get**
13 **them here?**
14 A. In a car.
15 **Q. Did you have them in banker's boxes or**
16 **how did you carry them all?**
17 A. In the trunk of my car.
18 **Q. Would you consider the material that is**
19 **indexed on Exhibit 4 as referenced by Mr.**
20 **Smith-George to be your complete file in this**
21 **matter?**

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1 A. Yes.
2 **Q. Are there any other materials that**
3 **you're aware of that relate to the opinions that**
4 **you intend to express in this case that you**
5 **possess but did not bring with you today?**
6 MR. SMITH-GEORGE: Just for point of
7 clarification, we sent out yesterday, November
8 9th, a series of Power Points printed out, they
9 were sent to all counsel, we didn't produce them
10 today because we sent them out to defendants.
11 **Q. (BY MR. THOMASCH) All right, we'll put**
12 **that in as part of your file in this case, those**
13 **Power Points, are you familiar with them?**
14 A. I'm familiar with the Power Points. I
15 don't know what you want to do with them.
16 **Q. Would they be considered part of the**
17 **file in this case upon which your opinions --**
18 **that reflect your opinions?**
19 A. Well, they're Power Points from various
20 talks I've given on this subject. It's hard to
21 say I rely on them. I mean, I wrote them.

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1 They're my work product and you requested them.
2 So I'm not positive I have every talk I have ever
3 given still stored, but I went through my
4 computer to find any ones that I had and put them
5 on a CD and gave them to Mr. Smith-George.
6 **Q. Those Power Points, do they relate to**
7 **the subject matter of your testimony here today?**
8 A. Yes.
9 **Q. All right. Did anyone assist you in**
10 **attempting to locate documents that relate to**
11 **your opinions in this case?**
12 A. Yes.
13 **Q. Who was that?**
14 A. My son, David Geier. And I guess to
15 some extent my secretary, Eleanor Hoke, H-O-K-E.
16 MR. THOMASCH: May I see the
17 correspondence with the witness?
18 **Q. (BY MR. THOMASCH) Dr. Geier, one of**
19 **the things you brought with you is**
20 **correspondence. Anything you brought with you,**
21 **if at any time today you would like to refer to,**

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1 **in order to be able to answer a question, by all**
2 **means you may do so; you understand that?**
3 A. Thank you. Yes, sir, I do.
4 **Q. Can you tell me, sir, when were you**
5 **retained in the Easter matter?**
6 A. It may be in the correspondence, but it
7 was a couple months ago. I don't know if it
8 indicates it or not. The top cover sheet here is
9 a letter to me dated September 9th asking or
10 discussing retaining me. So that's an
11 approximate date.
12 **Q. And that's September 9 of 2004?**
13 A. Yes.
14 **Q. The letter is from Mr. Waters; is that**
15 **correct?**
16 A. Yes.
17 **Q. Prior to receiving this letter had you**
18 **met or known Mr. Waters?**
19 A. Yes.
20 **Q. When did you first meet him?**
21 A. Oh, a year ago, I don't remember the

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date, but quite a while ago, at least a year ago.
Q. What were the circumstances of your first meeting him?
A. He was interested in what I knew about thimerosal, the thimerosal issue, we had some discussions about it just in general.
Q. Did he retain you to work with him in any respect?
A. No.
Q. At that time?
A. No.
Q. When did you agree to be retained in this case?
A. I think at the time of that cover letter.
Q. Can you tell me what you were told about the case, what you knew as of the time you were retained?
A. At that time I hadn't been retained for a specific case. I was told that I was to be general causation to share with the Court,

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whatever court it turns out to be, my knowledge about thimerosal issues and problems with vaccines. And that at some future time I would be shown individual cases which I would review. And I made it clear, as you probably remember from all the years that you've worked with me, I required that I see a case and agree to the case even if I'm not going to be a specific witness.
Q. And when you say see a case you mean see the medical records in the case; is that correct?
A. Yes.
Q. And so is it my understanding that the way you approach this is you like to form an individual or specific causation opinion in your own mind, to be comfortable with that, before you agree to testify even if you're not testifying on specific causation?
A. That's correct.
Q. And you did that in this case?
A. Yes.

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Q. Now, what materials did you receive from plaintiff's counsel in this case?
A. I think he has a packet of them. The medical records.
Q. Are there any other materials that you received?
A. Well, you have the other packet with the e-mails that we've exchanged.
Q. And is there anything else that you received from plaintiff's counsel?
A. That's the only thing that I recall.
Q. What are your fee arrangements for this matter?
A. $250 an hour, for time or travel. He paid me a retainer of $7500. And when the retainer is used up, I contact him to make up the difference and give me a small advance based on what we think the hours will be.
Q. And what individual or entity is actually paid for the time you spend on this case?

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A. Mr. Waters, I'm not sure what his --
Q. Who are the checks made out to, you personally or some corporate entity or --
A. To me personally.
Q. Now, do one of the 14 notebooks or more than one of the 14 notebooks contain publications concerning the subject matter of thimerosal-containing vaccines where you are the author or a coauthor of the paper?
A. Yes.
Q. Is there a separate binder of those?
A. I don't think so, I don't know if we've actually copied all of my publications on this. But I think there are some of them in those notebooks.
Q. All right. But was any attempt made in gathering materials to come here today, to bring with you all of your original articles on the subject matter of thimerosal-containing vaccines?
A. I don't recall you requesting that so I

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don't think so.
MR. SMITH-GEORGE: I just want the record to reflect we have provided an extensive library of medical articles that have been marked as exhibits in this case and provided to the defendants. Among them are many of Dr. Geier's publications.
Q. I understand, but as I further understand it, sitting here now, you are not confident that you have brought with you all articles that you are an author of that relate to the subject matter of thimerosal in vaccines; is that correct?
A. I think they are all in that bibliography but we'd have to check it.
Q. When you say that bibliography, what are you referring to, sir?
A. The list of articles that plaintiff's counsel has assembled with our aid, of articles that we're using.
MR. SMITH-GEORGE: In your e-mail

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packet there's some e-mails discussing the bibliography. They should be attached there as well.
MR. THOMASCH: All right. I'm going to mark this packet of e-mails as our next exhibit, please.
(Deposition Exhibit No. 5, packet of e-mails, was marked.)
Q. (BY MR. THOMASCH) Dr. Geier, I'll show you Exhibit 5 of this date, which has been described as a packet of e-mails. This is a small subset of the materials that you brought with you today. And I'm holding it open for your convenience to a section that begins with a sheet that says bibliography. Do you see that?
A. Yes.
Q. Is that the bibliography to which you were referring?
A. Yes.
Q. Tell me what that is, what that represents.

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A. It's a list of articles on which I rely and I believe in order to make this easier, that the plaintiff's attorneys have copied you with all those so we don't have to keep bringing those. That's not to say that some of these aren't in those notebooks. Some of them are. It's been represented to me that you have copies of all of these.
MR. THOMASCH: Okay. Mr. Smith-George, are you able to tell, put on the record when these actual articles were provided to defendants?
MR. SMITH-GEORGE: All I can tell you is that I'm aware there have been a series of articles that have been listed as exhibits and provided to defendants but I have not been privy to when they were provided. But I know that there's at least 1500 articles, if not more, that have been marked as exhibits.
Q. (BY MR. THOMASCH) Just so we can be clear, I want to differentiate between the mass

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of articles upon which you rely and your scholarship that relates to this subject. What I'm really interested in at the moment are articles that you have written as an author or coauthor. All right?
A. That would be in my CV, which we provided to you.
Q. Are all the articles that you have authored in the field of thimerosal-containing vaccines identified on your CV?
A. Yes.
MR. SMITH-GEORGE: Here, just to make sure, I've copied the CV, just so he can review it to make sure he's got them all listed.
A. Yes. This is an updated copy that includes anything that has been published or accepted for publication.
MR. THOMASCH: All right. I ask the court reporter to mark this as our next exhibit.
(Deposition Exhibit No. 6, Dr. Geier's CV, was marked.)

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Q. (BY MR. THOMASCH) We've marked as Exhibit 6 of this date a curriculum vitae for Mark Robin Geier, it has a fax line on the top that says 11-11-2004; can you tell me when this was last updated?
A. Within a couple days of 11-11, I don't know exactly.
Q. So within the last week or so?
A. Yes.
Q. And so it is, to the best of your knowledge, now accurate and complete?
A. Yes.
Q. Thank you. I'll ask the reporter to mark as our next exhibit a document approximately 25 pages in length, with a fax cover sheet from Waters & Kraus dated November 8th, 2004. Followed by a letter from Monica Furino, legal assistant to C. Andrew Waters, to all known counsel of record dated November 8th, 2004, attached to which are, is a document in this case entitled Plaintiff's Second Supplemental

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Responses to Disclosures.
(Deposition Exhibit No. 7, Plaintiff's Second Supplemental Responses to Disclosures, was marked.)
Q. (BY MR. THOMASCH) If you turn to the Plaintiff's Second Supplemental Response to Disclosures, which begins at the third page of Exhibit 8 (sic); do you see that?
A. Yes.
Q. And the caption indicates that it is in the Easter case that we're here today for; is that correct?
A. Yes.
Q. Have you seen this document before?
A. No.
Q. I'll ask you to turn to page 6 of the supplemental disclosures. Do you see a document?
A. Okay.
Q. Within the document there, page 6, there's a disclosure of expert witnesses

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beginning with Mark Geier, M.D., Ph.D.?
A. Yes, I see that.
Q. And that would be you?
A. Yes.
Q. And I would just ask you to look through the next four and a quarter pages, pages 6 through 10 of the document, to look at the disclosure made about you in this case, and all I want to know at the moment, sir, is whether you've seen this before?
A. No.
Q. Were you aware that this disclosure was being provided to defense counsel?
A. In a general sense, again, because I've been in a number of cases I know there's usually something like this written. But in the specific, you know, did I know that on such and such date they were writing this thing, no.
Q. Did you have any role in the drafting of this document?
A. Other than just general, I had some

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discussions about my views on thimerosal and on the issues, but I did not have any role in drafting it.
Q. And to this date you have not read this document; is that correct?
A. That's correct.
Q. I'd like to direct your attention in the first paragraph, down five lines, on the right-hand side of the 5th line begins a sentence with the words "in certain." Tell me when you reach that point?
A. Yes, I'm there.
Q. And the sentence reads and correct me if I'm wrong, in certain instances the witness may testify as to medical and/or scientific articles brought to his attention by counsel for the plaintiff, do you see that?
A. Yes.
Q. Were there any medical or scientific articles brought to your attention by counsel for the plaintiff that you're relying on here?

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A. Not that I know of. What I've -- what they supplied me with that I hadn't seen that wasn't mine was some company documents, a couple of them.

Q. Do you have a list of those documents, sir?

A. No.

Q. Are those documents part of what you would consider to be your file in this case?

A. Yes.

Q. Did you bring those with you today?

A. I think they're somewhere in this.

MR. SMITH-GEORGE: There's a packet floating around somewhere somebody's looking at.

MS. OWENS: A packet or notebook?

MR. ELLIOTT: What's it called?

MR. SMITH-GEORGE: They're individual, it was a group of documents that were not in the notebook.

MR. MARSHALL: Were they attached to the letter to Senator Kerry?

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MR. SMITH-GEORGE: No, that was --

MS. OWENS: I don't believe they're here.

MR. SMITH-GEORGE: They should be here because they were here this morning.

MS. WOODBURY: It's not something you identified.

THE DEPONENT: If you look at my list, in addition to the notebooks that were identified there were, this is from your Exhibit 4, three other things identified, a pile of draft reports with Kerry on top, a pile of others with a phone number on top, which unfortunately I removed the phone number, and the WXYZ tape, I needed the phone number to call so he could come down and get my notebooks. So I'm not sure what the top page is but I'm sure we can find it.

MS. OWENS: Is that where the company documents are?

THE DEPONENT: I think so.

MR. SMITH-GEORGE: I thought there was a list of loose exhibits.

THE DEPONENT: I think that's in the loose exhibits.

MR. THOMASCH: Okay. Suggest we just go off the record for a moment and take a look and see if we can just organize for a minute.

THE VIDEOGRAPHER: Time now is 10:19. We're now going off the record.

(A recess was taken from 10:19 a.m. to 10:22 a.m.)

THE VIDEOGRAPHER: The time now is 10:22. We are now back on the record.

Q. (BY MR. THOMASCH) All right. Dr. Geier, we had a short conversation among counsel while off the record. Let me just summarize, and correct me if I'm wrong, but it appears that as part of your file there exists certain company documents that were provided to you by Mr. Waters, or his office, and by the term "company documents," I mean certain documents that various of the corporate defendants produced

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in connection with this or other cases in which Mr. Waters is counsel. Some of those were produced to you, made part of your file in this action, you intended to bring them with you today and indeed believe you did, but we don't seem to have them at the table; is that fair enough?

A. Yes.

Q. So my understanding is that clearly I'm not in a position at the moment to question you about those documents because they're not here, but you or Mr. Smith-George will see if they can be located during the day and we'll move on; is that all right?

A. Yes.

Q. Just by way of volume, can you give me a sense of how many documents it was, these company documents that you brought with you?

A. I think the packet was about an inch, inch and a half.

Q. Is that the totality of documents that

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you -- company documents that you received from plaintiff's counsel or is that a selection of the documents?

A. Those are the only ones I had.

MS. OWENS: I'm sorry, I did not hear the last.

MR. THOMASCH: Those are the only ones I had.

MS. OWENS: The only ones he looked at was the question.

Q. (BY MR. THOMASCH) No, what I wanted to do was to see whether or not there are other company documents besides the inch-and-a-half pile that you were attempting to bring with you today that you received from Mr. Waters, and my understanding is there aren't, you were bringing everything with you?

A. That's right, that I received from Mr. Waters, that's right.

Q. If you would just look at Exhibit 8, continuing on the disclosure, at the bottom of

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the first paragraph, do you see the sentence in addition to the witness's report, see the Power Point presentations related to his opinions on these matters?

A. Yes.

Q. And I'll ask the court reporter to mark as our next exhibit a letter from Monica Furino, legal assistant to C. Andrew Waters, to all known counsel of record, dated November 9, 2004, to which is attached Dr. Geier's Power Point presentations.

(Deposition Exhibit No. 9, Dr. Geier's Power Point presentations, was marked.)

Q. (BY MR. THOMASCH) Dr. Geier, I'm going to show you what is marked as Exhibit 9 and just ask whether those are the Power Point presentations that are being referred to in the disclosures?

A. Yes, they are.

Q. All right. And now, if we look at the

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items that are on listed on Exhibit 4, together with Exhibit 9, the Power Point presentations, and assume that we ultimately receive the company documents that we've discussed but we don't have with us at the moment, will that constitute your complete file in this case, or are there additional documents not here?

A. This is everything that I have on this case. We didn't mention the tape, but the tape's around here somewhere too.

Q. Correct. Thank you for pointing that out. And that, to the best of your knowledge, that will make us complete?

A. Yes.

Q. One of the packets of loose papers that have been clipped together and identified on Exhibit 4 are medical records of Jordan Easter; is that correct?

A. Yes.

Q. Do you understand those to be the complete medical records of Jordan Easter?

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A. No.

Q. Tell me how it is that you came to receive some of the medical records and whether they're by -- particular records by your request or not?

A. I asked that I be given enough medical records so I could understand the case and determine whether or not I was in agreement. I did not request the entire medical record, and this was what was sent to me and it fulfilled any necessities. You know, since I'm not testifying and I can't tell you that there's not another record there that says something else, but these told me the story and gave me enough that I was confident to be involved in the case.

Q. All right. And the phrase specific causation is one you're familiar with, correct?

A. Yes.

Q. And that would be distinct from general causation in that specific causation would relate to the injury to the minor plaintiff in this

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case, Jordan Easter, correct?
A. Yes.
Q. And am I completely clear on this that at a trial on this action, it is not your intention to testify about specific causation with regard to the minor plaintiff, Jordan Easter?
A. That's correct.
Q. What was it you were looking for in the medical records to in a sense satisfy yourself?
A. I have an ethical requirement, for example to be, you know, extreme -- I believe, you know, in the problems about thimerosal which I'm sure we're going to discuss today. But I would not be willing to come and testify to that or any problems that I had with any of the myriad of representatives for the companies here if for example the case was a child that was run over by a truck. I don't think that's appropriate, even though I believe there are problems, if I didn't think it was related to this case, it would not

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be within my ethical standards to come and, you know, criticize what your companies have done unless I thought the case was relevant and it fit into my criteria.
Q. So am I correct, you were attempting to verify that indeed Jordan Easter received vaccines that contain the preservative thimerosal?
A. Yes, and that he had, you know, reactions and damage that fit into what the literature looks like and that he, you know, he didn't have a diagnosis of a brain tumor or some other kind of thing that would make it so that I would be testifying in a case that I would be embarrassed to be testifying in.
Q. All right. Let me ask you a couple questions in this regard. Did you make any attempt to calculate the amount of thimerosal from vaccines to which the plaintiff, Jordan Easter, was exposed?
A. I don't recall adding that up.

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Q. Did it matter, would it matter to you?
A. Yes. But not numerically. I mean, if I looked at -- that was another thing I wanted to look at. If I looked at the child's records and he received no thimerosal-containing vaccines, of course it would matter to me. I would refuse to be in a case. If he received maybe only one, I would have a problem. But what I saw he received a whole series of thimerosal-containing vaccines.
Q. Is there a minimum number of thimerosal-containing vaccines that you would in a sense require to have been administered to the child before you would be prepared to testify in a thimerosal-containing vaccine product liability action?
A. I haven't thought about a specific minimum. It's just my general impression.
Q. Were you looking for a particular type of injury to see whether that was consistent with your understanding of potential adverse reactions to thimerosal-containing vaccines?

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A. Yes.
Q. What is your understanding of the injury that minor plaintiff Jordan Easter has?
A. That he has a neurodevelopmental disorder.
Q. Is he autistic to your understanding?
A. Yes. That's not a requirement for me, but he is autistic. And I also would be looking for, you know, did I think that there was obvious damage at birth. I mean, if a child was damaged at birth, it would change my opinion.
Q. But am I correct that in that regard -- or in regard to any nonvaccine-related potential causation, you're looking to see whether it was reflected in the medical records. You didn't make an independent determination of the existence or nonexistence of anything else; is that correct?
A. That's correct, and I wasn't asked to do that, in this case anyway.
Q. Have you reviewed any manufacturing

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1 records of any of the defendants relating to
2 vaccines given to Jordan Easter?
3 A. No.
4 Q. Has plaintiff's counsel made any
5 request of you to consider or testify regarding
6 issues concerning a possible manufacturing defect
7 in any vaccine given to Jordan Easter?
8 A. It depends what you mean by
9 manufacturing defect. Can you tell me what
10 you --
11 Q. Yes. When I use the term manufacturing
12 defect, what I mean is a vaccine that was made
13 that was materially different from the design
14 specifications that were used to make the
15 vaccine. In other words, somewhere along the
16 line it wasn't made as intended. Do you
17 understand that term?
18 A. Yes. I did not -- I have not been
19 asked to render that opinion.
20 Q. Would you be capable of reviewing
21 manufacturing records to determine the existence

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1 of a manufacturing error in the manufacturing
2 process?
3 A. Yes.
4 Q. But it is not your intention to opine on
5 that subject matter in this case; is that
6 correct?
7 A. I wasn't asked to do that; that is
8 correct. And I wasn't supplied with the records
9 to do it with.
10 Q. Are there any -- going back for a
11 moment to the types of injuries that you look for
12 in order to be willing to testify in a case
13 generally, are there any types of autism that
14 would be outside the area that you would be
15 willing to testify in, such as a case of autism
16 associated with Fragile X syndrome?
17 A. Yes. That's the exact example that I
18 was going to suggest. Another one would be if
19 the person had fetal alcohol syndrome comes to
20 mind, that wasn't caused by the vaccines. If the
21 person had rubella syndrome, that wasn't caused

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1 by the vaccines. And as you said, Fragile X
2 wasn't caused by the vaccines.
3 Q. So if you saw that in the medical
4 record, notwithstanding that the child was
5 autistic and received thimerosal-containing
6 vaccines, you would be unwilling to take the case
7 on; is that correct?
8 A. That's correct.
9 Q. Now, we differentiated earlier specific
10 and general causation. Are we correct, are we
11 speaking the same language when I say I
12 understand by the term general causation to mean
13 the possibility -- let me withdraw that. The
14 propensity of a drug or product to cause a
15 particular type of reaction?
16 A. Yeah, that it can cause.
17 Q. It can cause, doesn't mean it did in
18 any particular case, but it can in some cases; is
19 that the idea?
20 A. That's my understanding, yes.
21 Q. All right. And is it my understanding

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1 that you are intending at a trial of this action,
2 if one is to take place, to testify on the
3 subject of general causation?
4 A. Yes.
5 Q. And that would be in regard to opinions
6 that you have that children vaccinated with
7 vaccines containing the preservative thimerosal
8 can develop neurodevelopmental delays or autism
9 as a result of the thimerosal in the vaccines
10 they receive; is that correct?
11 A. That's correct.
12 Q. And that subject matter we generally
13 can call general causation, all right?
14 A. Yes.
15 Q. Now, looking at page 6 of the
16 disclosures which have been marked as Exhibit 8,
17 would you take your eye down to the third
18 paragraph, please?
19 A. Okay.
20 Q. All right. Dr. Geier, I believe I've
21 misidentified the exhibit number. It appears

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1 that the, it is Exhibit 7 that we're talking
2 about, the disclosures.
3 A. I'm sorry, mine doesn't have an exhibit
4 number on it, so I was accepting your number.
5 Q. My number was incorrect, so let's just
6 make sure we're clear that what we're talking
7 about is the plaintiff's second supplemental
8 response to disclosures, which begin at page 6
9 with a disclosure concerning Mark Geier, M.D.,
10 Ph.D., 14 Redgate Court, correct?
11 A. Yes.
12 Q. Sticking with that document and moving
13 down to the third paragraph, I want to read into
14 the record the first sentence, and if you'll
15 follow along with me, quote, it is anticipated
16 that the witness will testify that exposure to
17 thimerosal in vaccines either causes or
18 substantially contributes to cause neurological
19 and/or neurodevelopmental injury, comma,
20 including some injuries subsumed within the
21 autism spectrum, comma, to a small percentage of

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1 susceptible children, do you see that?
2 A. Yes.
3 Q. And that indicates to all who read it
4 that you are prepared to testify on the subject
5 of general causation in this case, correct?
6 A. Yes.
7 Q. Now, I want to focus on the phrase to a
8 small percentage of susceptible children, do you
9 see that?
10 A. Yes.
11 Q. Are there more than one factor that
12 would cause a child to be susceptible to injury
13 from thimerosal-causing vaccines in your opinion?
14 A. Yes.
15 Q. Can you identify the various factors
16 that you think could make a child susceptible to
17 injury from thimerosal-containing vaccines,
18 ranking them in declining order, so start with
19 the most important factor for making a child
20 susceptible and working down from there?
21 A. I'll try.

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1 Q. Thank you.
2 A. That's complex. But these children
3 have a general category of genetic
4 susceptibility, which I think is the most
5 important, and there's quite a bit of literature
6 now published on it. And it explains why most
7 children in the 1990s in this country received
8 large doses of thimerosal from their childhood
9 vaccines, most children did not become autistic,
10 most children did not develop neurodevelopmental
11 disorders, in fact, about one in six children
12 developed neurodevelopmental disorders according
13 to the CDC's Autism Alarm.
14 I believe that the main -- the most
15 important reason as to why these children that
16 developed the problem were different from the
17 ones that didn't involved various genetic
18 susceptibilities, susceptibilities to the ability
19 to eliminate mercury as a general category, and
20 there were various ones that were potential
21 candidates and have been studied.

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1 Q. Before you move on, I'm sorry to
2 interrupt your answer, I do apologize, but I want
3 to clarify, you indicated the most important
4 susceptibility factor is a genetic
5 susceptibility; correct?
6 A. Yes.
7 Q. And I believe, and I am peeking here at
8 the transcript here as it's coming up on the
9 court reporter's screen, you said in the 1990s
10 about one and six children developed
11 neurodevelopmental harm; is that what you
12 intended to say?
13 A. Yes, one in six children have a
14 neurodevelopmental or behavioral problem, and the
15 reference for that is the Autism Alarm published
16 in January 2004 from the CDC. I like to rely on
17 the CDC because if they say it, it's -- that's
18 certain a minimum. I've heard higher estimates
19 but that's a good source for that opinion, I
20 believe.
21 Q. Okay. And that neurodevelopmental harm

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is something that could be diagnosed by a doctor, correct?
A. Yes.
Q. In other words, there's a clinical manifestation, the child is doing less well than the child would otherwise be doing?
A. Yes.
Q. Now, just holding with regard to the genetic susceptibility for a moment. What percentage of children have the genetic susceptibility?
A. Of those -- of the overall population?
Q. Of the overall population, if you take all the children born in the United States in 1995, do you have an opinion as to how many of those children possessed a genetic susceptibility that would put them at higher risk if they received thimerosal-containing vaccines compared to children without that genetic susceptibility?
A. Yeah, I think somewhere around the one in six, I don't think every one of those has a

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genetic susceptibility that we know of, and we don't know of all the genetic susceptibilities, but I think that's a reasonable estimate of the population.
The reason I answer it that way is you have to understand the genetic susceptibility is a moving target. I don't think anybody would disagree that if you gave enough thimerosal you'll kill everybody. So in a sense we're all susceptible. I don't think it's in dispute that thimerosal can kill people if you gave massive doses. So we got down and what happens is some people are very susceptible and they have a problem at very low doses, and some people are a little less susceptible and they have a problem at a higher dose. As I say, eventually you'll reach a dose at which everybody's susceptible. I think the level that was given, that one in six, is a good estimate of the children with susceptibility to that level of mercury.
Q. Okay. So in discussing the very

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concept of toxicology or potential reactions to a pharmaceutical product, dose matters; is that correct?
A. Dose matters.
Q. And when we're talking about genetic susceptibility, I want to see if we can get on the same page, children in the 1990s could have been exposed to certain quantities of thimerosal if they received a full schedule or even a partial schedule of recommended childhood vaccines in the United States; is that correct?
A. Yes.
Q. Do you have an opinion or understanding as to what the maximum amount of thimerosal a child could have received if they received a full schedule of immunizations during say their first two years of life in the 1990s?
A. Just from the vaccines?
Q. Just from the vaccines.
A. It approached 300 micrograms.
Q. For purposes of my question now I want

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to assume that -- well, I don't want to assume, I want to ask you, are there some children who could, you would expect receive 300 micrograms of thimerosal over the course of their first two years of life from vaccination and not experience any adverse injuries?
A. Of the type we're talking about, that's right.
Q. No neurological injuries or developmental delay; is that correct?
A. I believe the majority of children did not receive neurological damage. I adamantly, hopefully believe that. I'm optimistic that the others were not significantly damaged.
Q. And those that we have no evidence that they were damaged, we can call those the nonsusceptible children, is that okay?
A. Yes.
Q. So when we're talking about susceptibility, we're talking about the potential to have a reaction from quantities of thimerosal

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in the range of 25 to 300 micrograms of thimerosal, not large, large quantities; all right?

A. From the vaccines.

Q. From the vaccine.

A. We haven't talked about other sources yet of mercury.

Q. I understand.

A. Yeah, that's what I mean.

Q. All right. And if a child received his only exposure to mercury derivatives from vaccines, are there still children that could be harmed by the quantity of thimerosal in the routine schedule of vaccines that was used in the 1990s, in your opinion?

A. Yes.

Q. Now, the children who we're calling genetically susceptible actually have some genetic mutation that makes them different from the children who are not genetically susceptible; is that correct?

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A. Yes, I like to refer to it as a polymorphism because, as to distinguish it that they don't have a defect absent the mercury. In fact, they may even have advantages. As a general statement everybody in this room has a variety of different genes. If I were to try to poison you, God forbid, with various poisons, I would find some of you were more susceptible to one poison, some of you might be more susceptible to another poison. None of you necessarily has any defect whatsoever, and in fact, some of these susceptibilities might actually be related to things that, absent the poisons, are actually good. So I don't want to leave the impression that these kids are genetically defective. They happen to be unable to handle this particular insult.

Q. Understood. I did not use the phrase defective or genetically defective. I used the term different.

A. I was just trying to make it clear.

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Q. But the children who are genetically susceptible are different from the children who are not genetically susceptible; correct?

A. Yes.

Q. That is because of a polymorphism in the genetically susceptible children; correct?

A. Yes.

Q. Is that a specific polymorphism? Is there a name for it or is it one of a variety of polymorphisms?

A. It's one of a variety, not all of which are discovered, but some of which have been discovered.

Q. Are there any that you could identify by name?

A. The -- there's a susceptibility that is related to ApoE, 2, 3 and 4, with types 3 and 4, but particularly 4 being more sensitive to mercury. That's been published by a group in New Zealand and others. I'm a little bit vague on the answer because it's not as simple as a type

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4. You have two genes for ApoE. So you have one from your mother and one from your father. So since there are three flavors, 2, 3 and 4, you can be 2-4, 2-3, 4-4. So the tendency to have more 4s, or more 3s, but 4 is worse, tends to make you more susceptible to mercury, and that's what the literature shows.

Q. When you say "susceptible to mercury," do you mean susceptible to mercury because you are unable to metabolize it as quickly as children who do not have that polymorphism?

A. No, that's a very important -- that's a reasonable statement you made for almost any toxin, but it's wrong for mercury, I want to clarify.

Q. What would be a clarification.

A. Most poisons in the body -- I'm sure you're an experienced person, that's why you said it that way -- are metabolized. That is, the way we detoxify is usually our liver and other organs chop them up into things that aren't dangerous.

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The problem with the mercury poisons is that the mercury atom is poisonous. And you can't chop up an atom, because by definition you need a nuclear furnace to change mercury. So although you can chop the ethyl group off, you can't get rid of the mercury. The only defense in this particular situation is elimination. You can't metabolize mercury. No one can. No creature can.

Q. All right. Are the children with the polymorphism slower to eliminate mercury than the children without the polymorphism?

A. Yes. That's the basis of the polymorphisms that we understand. ApoE is a system that has an ApoE-2 -- there are two subhydrogroups that combine mercury. Mercury is eliminated -- I'm sorry. There are two subhydrogroups on an ApoE-2 molecule that are capable of binding mercury. On ApoE-3 there is only one because one has been replaced. And on ApoE-4 there are none. So this is one of the molecules that helps eliminate mercury by binding

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it. And if you can't bind it that makes you more susceptible. Each of the others that have been studied is similar. They're different molecules, but they have to do with how well you can make subhydrogroups to bind the mercury to eliminate it.

Q. Let me ask you, sir, you made reference to a paper from New Zealand. Can you identify any of the authors on that paper?

A. It's in the list. I don't recall the name.

Q. Would it be in the bibliography that's marked as an exhibit here?

A. As far as I know, yes.

Q. If I can show you that bibliography I'll ask you to see if you can identify it. The Bibliography would be part of Exhibit 5, I believe, which is the exchange of e-mails with counsel.

A. My quick scan through I didn't find it, but perhaps I could find it if I had the Power

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Point.

Q. All right. Power Point is Exhibit 9?

A. Yeah. Because I believe --

Q. If you're unable to easily find it we'll move on, that's all right. But if you want to take a quick look, that's also okay.

MR. MARSHALL: Can you refresh my recollection what we are looking for?

MR. THOMASCH: The authors on the New Zealand article referred to with respect to the ApoE-2, 3, 4 polymorphism.

A. Yes, here it is. Godfrey, M.E., from -- et al., from the Journal of Alzheimer's Disease, 2003, volume 5, pages 189 to 195. I don't know if you want to check on the bibliography to see if it's in that.

Q. No, that's all right. Is there a page, though, that you're referring to within Exhibit 9?

A. It's page 7, but unfortunately they're multiply numbered, so if you want, I'll show you

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the spot, maybe you can identify it in some way. It's probably in multiple of the talks. I don't guarantee that every time we talk we use that slide. But it's often used by us.

Q. All right. But It's on page 7 of slides that begin with Autism Alarm?

A. And there's a picture there, a demonstration of what I showed you about the two binding sites, the one binding site, and the no binding sites.

Q. All right. Thank you. What I'd like to clarify, are you aware of any study that reflects what percentage of children possess this particular polymorphism?

A. I think HEATH studied adults in that one. So you can get the percentage of adults, the percentage of children should be the same. They grow up.

Q. Understood. What's your understanding of the approximate percentage of the population that has this particular polymorphism?

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A. Well, again, it's more complicated because as I said, there's 4-4, there's 4-3, there's 4-2, there's 3-3, so there's all different combinations. What he did was he showed a statistically increased tendency to have more 4s, but there isn't -- in other words, if your question is it's a polymorphism, if it was a single gene, it would be simple. You can say a percentage. But this way, the percentage that has 4-4s is much lower than those that has 4-X, that is 2 or 3 with it.

Q. I understand, but does 4-X make you genetically susceptible in your opinion?

A. 4-X makes you more susceptible than 2-X, but 4-4 makes you more susceptible than 4-2.

Q. I understand, and I don't want to get into gradations of susceptibility for this other than to say that the child has some polymorphism of this type within this group that would make them susceptible, where a child without that polymorphism would not be susceptible to

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neurological or neurodevelopmental delay from thimerosal-containing vaccines; all right?

A. Yes.

Q. Can you estimate for me the percentage of the population that has that type of polymorphism in any of its variations?

A. Just with ApoE you're talking about?

Q. Yes, just with ApoE?

A. I think 15 percent or 20 percent have that tendency, but I think a person's overall susceptibility is a sum of all the different things that eliminate mercury, and you asked me for one and I showed you one.

Q. Understand. Can you identify any other polymorphisms by name that would be part of this genetic susceptibility group?

A. Yes, Dr. Borris from New York has published recently using DNA chip analysis various polymorphisms in the MFTHR gene. There have been a number of studies in genes in the pathway. So far we talked about ApoE so let me

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talk about another pathway. There's a pathway that generates glutathione and cysteine. These are molecules that bind mercury. The pathway has a number of different enzymes so you can have defects anywhere along that pathway and the prediction you would have lower levels of cysteine and glutathione, and that is one of those that has been studied, the DNA. Now, Jill James --

Q. Would the ramification of that be a diminished capacity to eliminate mercury?

A. Yes. And Jill James has published a study. So Borris has looked at the DNA. Jill James -- actually, I don't think ours has been published yet. Jill James has looked at the actual measurements of those substances, whereas Borris has looked at the DNA. It's an interesting differentiation because it's fairly well established that children who have this unfortunate reaction have a lower -- lower levels of each step in the glutathione-cysteine pathway,

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but you could argue that maybe the mercury damaged the molecules and lowered it as opposed to it being lowered and therefore susceptible. And the way you determine that is you look at the genes. Because the mercury didn't cause the mutations in the genes. It's been found that at least the majority of it are due to polymorphisms that can be identified by DNA, direct DNA analysis using the new DNA chip technology, and both of those are related and both of those are related to that same pathway.

Q. Let me see if I can coalesce around that answer for just a minute. You say the new DNA chip analysis. When did that, when was that discovered?

A. That's been available for the last seven or eight years. I don't know that it's been applied to this particular topic beyond the last couple years.

Q. You referenced Jill James; is that a doctor at the University of Arkansas?

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A. Yes, and Bill Slicker is her coauthor from the FDA.

Q. Have you been involved in any joint research efforts or collaborations of any type with Dr. Jill James?

A. I've met her and talked to her. I'm not collaborating with her. But my group with Dr. Bradstreet happened to have looked at, not as broadly, not as many of the substances in that pathway, but we looked at a couple and we got within a percent the same numbers that she got, on the ones that we looked at.

Q. You used, when you referred to Dr. Jill James in your original answer, you used the phrase "and we." Who were you referring to by "we"?

A. In that case I was referring to myself, my son, Dr. Bradstreet, Dr. John Adams from the University of Arizona, and there's one other author I think on that paper that I've forgotten who that was. It's Dr. Bradstreet's second in

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command.

Q. Who is the lead author on the paper?

A. Bradstreet I think on that version. There are various pieces of that being used elsewhere. He's the lead author on that. I will be the lead author. I'm not sure that one's been accepted yet.

Q. Was Dr. Kartzinel involved?

A. Yeah, that's the other, he's what I call his second in command, yes.

Q. Dr. Kartzinel is Dr. Bradstreet's second in command?

A. Yes.

Q. And then there's yourself and your son, David Geier, and who is James B. Adams?

A. He's a professor at Arizona or Arizona State, I always get them mixed up, of nail toxicology or something like that.

Q. All right. And the five of you have published one or more papers in the past, correct?

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A. Yes, we published, that group published a paper on the amount of mercury that was seen in children with autism after three days of a chelation challenge compared to normal children with a three-day chelation challenge.

Q. But what you're referring to now is different work, correct, in a different article?

A. I think there may be a couple more authors on the later paper. The first one had everyone that I just said. The one that has to do with the measurements of the biochemical levels also may involve a couple more doctors but I don't recall the others.

Q. And has that more recent paper that relates to the measurements of the biochemical levels been published?

A. I don't think so. I only brought it up because it confirmed what James has -- I think Jill James' has been accepted. I don't know if it's actually come out yet. But her paper has been accepted for publication. There's a

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pre-press release or something but I don't think the formal one is out. I could be wrong on that.

Q. Again going back to the phrase of genetic susceptibility, are all the cases of genetic susceptibility some type of polymorphism?

A. Yeah, in the broader sense, the way polymorphism is used, yeah, they're a different form of genetics, yes.

Q. Okay. And in the aggregate, for all known polymorphisms that could render a person, render a child genetically susceptible to neurological or neurodevelopmental delay from thimerosal-containing vaccines, can you give me an estimate of approximately what percentage of the population contains, possesses one of those or more than one of those polymorphisms?

A. Of the affected population or the general population?

Q. No, of the general population, without regard to vaccination, on the day children are born?

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A. I think a good estimate is the one in six.

Q. Approximately one in six have that poly -- have one of the polymorphisms?

A. Yes, one or more. And we haven't talked about all of them and not all of them are known, but yes, one or more susceptibilities.

Q. Okay. And what percentage of those children in your opinion will actually be neurologically or neurodevelopmentally harmed as a result of receiving, let us say more than one thimerosal-containing vaccine?

A. Well, as you go up to more than one you'll get a higher and higher percentage, but a significant portion of those will be harmed, because almost all the children in this country were vaccinated and the vast majority of them had more than one or many sources at least during the '90s.

Q. What percentage of children who receive multiple thimerosal-containing vaccinations and

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have one or more of these polymorphisms in your opinion will develop autism?

A. I don't know the percentage. I think a significant portion of them. I don't know the percentage.

Q. All right. I want to take you back to Exhibit 7, in that third paragraph, where it says that you will testify that exposure to thimerosal in vaccines either causes or contributes to cause neurological and/or neurodevelopmental injury, including some injuries subsumed within the autism spectrum to a small percentage of susceptible children.

A. Okay.

Q. And I want to -- I read that to mean not to all susceptible children, not to most susceptible children, but to a small percentage of susceptible children, but it sounds to me as though your testimony's different than that and I want to see if I'm hearing you correctly.

A. The majority of them will not develop

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full blown autism.

Q. The majority of susceptible children will not?

A. Right. But if you include the universe of neurodevelopmental disorders, it becomes much bigger, the percentage. Autism, going back again to the same reference, which was the FDA's or CDC's Autism Alarm, they said one in six for overall neurodevelopmental. They said 1 in 166 for what they're calling autism. That's a much smaller percentage.

Q. Just to be clear, I'm not asking for the percentage of children that are going to be harmed. All I'm concerned about are the percentage of susceptible children, i.e., children with the polymorphism who then are vaccinated. In that subgroup, do you have an opinion, to a reasonable degree of medical or scientific certainty, as to what percentage of those susceptible children, if receiving multiple thimerosal-containing vaccines, will develop

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neurological and/or neurodevelopmental delays?

A. Yes, a significant portion of them will develop neurodevelopmental delays. A much smaller portion will develop full blown autism.

Q. What about autism spectrum disorders?

A. Intermediate. The more severe that you're asking, the less percentage will be in that group.

Q. Can you give me any sort of ballpark percentages what you mean by intermediate?

A. Well, if you assume that slightly more than one in six children have these disorders, and the reason I can't give you the number is we don't know, not disorders, but polymorphisms, I can't give you the number because we don't know all the polymorphisms. But if we were to assume let's say that it was one in, you know, one in five or one in four had the polymorphisms, we ended up with, we keep score, at the end almost all of them had the vaccines, okay, because of our vaccine programs.

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So one in six of them ended up with the more mild neurodevelopmental disorders and one in 166, if you accept their statistics, ended up with autism. And if you ask me for severe autism, it may be less than one in a thousand. So it's a running total. So that's why I said I think the majority of them who had the susceptibilities had some damage, but as you go to more and more damages, a smaller and smaller proportion will be fitting into those categories. And that's I think a reasonable medical viewpoint for toxicity.

Q. All right. You identified the number one susceptibility factor as a genetic susceptibility, and qualified that to say there are a range of polymorphisms, known and unknown, that would fall into that category, is that correct?

A. Yes.

Q. Let's move along a little quicker now. What would be second on your list of

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susceptibility factors?

A. Other sources of mercury, whether it be RhoGam, environmental, mother's dental amalgams, fish consumption, power plants, those are the ones that come to mind. Obviously someone, at least it's obvious to me that someone that had a very high environmental exposure has more of a tendency to go over the top on the vaccines than someone who's never been exposed.

Q. Okay. What would No. 3 be?

A. Other things that are going on. There's an association with the use of antibiotics. So whether they were on antibiotics. Timing, that is whether you get the vaccines grouped together, you know, some people get a makeup and they get five in one day, some get it at 2, 4, 6 months, but then others got it at two months and, gee, they gave it at three months instead of four months. So grouping may make a difference. Weight of the child may make a difference. Prematurity may make a difference. Because the

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vaccine doses are standard. You give the same dose to a big child as a small child, obviously the thimerosal dose varies with the weight of the child. So those are the things that come to mind anyway of other factors.

Q. In the early 1990s, was the genetic susceptibility of some individuals to diminish their capacity to eliminate mercury recognized in the medical literature?

A. Yes. But not worked out as far as we have today, and will be worked out even further in the future, but yes, even back to the 1950s, it was recognized that different individuals had different susceptibilities and it was recognized by a number of different people. But to give you an example, we used to use mercury-containing teething powders and we ended up with a problem, and we know that it only occurred in about 1 in 500, and the, I've forgotten the author's name, but the author who published on this pointed out that obviously it depends on to susceptibility of

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the child to mercury. So he was well aware in these mercury poisoning reports where there are industrial poisoning, the authors were aware that some people, two people might get the same dose and one of them was severely affected and one wasn't. I think it's been known for a long time in general that there's a big variation in the susceptibility of mercury toxicity.

Q. Would you agree with me that individuals in the medical community first inferred the likely existence of a genetic susceptibility before they identified any of the particular genes that would be responsible for that?

A. Yeah, I don't think the author in the '50s had any idea of the genes. He just knew that there were some individuals that were more susceptible than others.

Q. Okay. Now let's go to the genes, the polymorphisms themselves. When to your understanding was the first specific polymorphism

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identified that would be among those that could lead to a lessening of the ability to eliminate mercury?

A. I think that's within the last few years.

Q. Can you get a little more specific for me? Are we talking --

A. Three, four years. I don't think people, until this became a big issue with our enormous epidemic, I don't think people were spending a great deal of time studying that. I'll qualify the answer that there has been some attempt by the NIH people to map autism as if they think it's a genetic disease, and of course it can't be a genetic disease -- well, there are some rare forms that there are. But in general it can't be a genetic disease.

And what they've done is they've mapped the people with autism to about eight or ten different chromosome locations. And what they have in reality done is map some of the locations

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of susceptibilities. I'm not sure they understood that that's what they were doing. So they had some knowledge of it before the specific measuring of these things.

Q. Okay. Dr. Geier, let me ask you as clearly as I can, among all autistic children who were born in the 1990s, do you have an opinion as to approximately what percentage of those children had their autism caused or significantly contributed to by vaccination with thimerosal-containing vaccines?

A. Yes.

Q. What is your opinion?

A. Heavy majority.

Q. Can you give me some --

A. In the range of at least 80 percent. And the basis for that is the actual epidemic itself, that is, the number of cases when we triple the -- approximately triple the amount of thimerosal by giving more shots. And as you're sure aware, I'm provaccine, so I wasn't against

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the shots. But when we tripled that, which occurred somewhere around 1990, 1991, our autism rate went up at least 10-fold. That tells you that that contributed, when you analyze other alternate causes, that tends to indicate that something like 80 or 90 percent of the cases were caused by the vaccine. If they weren't, then you would not have seen, based on that change, such a big change in the population.

Q. Have you yourself ever administered childhood vaccinations?

A. If I did, it was when I was a medical student or a resident. I don't have a specific recollection of doing it but I may have done it.

Q. During the 1990s did you ever administer childhood vaccines?

A. Not to children. I ran a laboratory, and so I gave hepatitis B vaccines, which are childhood vaccines given to adults is one way of viewing it. I did administer those as was required, that we offer those to laboratory

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workers that work with blood products. But I did not give any to children.

Q. To your knowledge, were those thimerosal-containing vaccines; to your knowledge today?

A. Yes.

Q. At the time were you aware that there was thimerosal in those vaccines?

A. No.

Q. Did you care?

A. I didn't know enough to care.

Q. Was the fact that there was thimerosal in those vaccines indicated in the product labeling?

A. Probably. I mean I don't have a label now, but from what I've seen of labels at that time, they usually indicate that there was thimerosal in the ones that have thimerosal.

Q. You are a medical doctor; correct?

A. Yes.

Q. You have a Ph.D. in genetics?

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A. Yes.
Q. In the 1990s were you aware that thimerosal contained a mercury derivative?
A. No.
Q. When did you first learn that?
A. In maybe 2001 we were doing some work, and you can see from my CV what work we were doing, we were studying vaccines and some adverse reactions to them. Actually working with the CDC, that is they were giving us denominators and that kind of thing. And we were giving talks on -- and again, remember, we're provaccine, so we were showing good effects and bad effects of vaccines and where we thought they should be improved. And we gave some talks and some parents and some lawyers came up to us and they said, you know, the amount of vaccines and thimerosal -- we said thimerosal, what's that? -- went up in 1990 and the autism rate went up in 1990, and our initial reaction was the amount of television probably went up, that doesn't show

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anything, go away, it can't be. We were actually listed among the parents and among a number of the groups as the number one opponents to the idea that thimerosal could cause problems.
Q. Where were you so listed, sir?
A. For example, Lyn Redwood, who's SAFEMINDS, was so upset with us, she's the head of SAFEMINDS, that's one of the action groups, one of the conservative action groups, I mean, they're not antivaccine or anything, was so upset with us that when we spoke at a vaccine convention, she wouldn't be in the room, we made her sick, she left and would go in the hall. And I know that because she happened to hear one talk that we mentioned thimerosal and she contacted us. And the parents --
Q. What talk was that?
A. I think in the international conference on vaccines sponsored by Barbara Fischer's group in 2001, I think, I'm not sure of the year, but I think that's right. And parents kept bothering

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us and some of the lawyers like Cliff Shoemaker kept bothering us, because we were working with them on the Vaccine Compensation Act, on what we call legitimate vaccine cases at the time. And they kept bothering us and we kept saying, look, you're not helping. We're trying to fix the vaccines. We love vaccines. We want to make the program better. You keep running around saying these things, you know, this tiny bit of thimerosal -- which after they mentioned it we looked up is mercury -- is causing a problem, we don't believe it, so stop muddying the waters and let us fix the real problems in vaccines like, as you're aware of from your history with me, like getting rid of whole-cell DTP to make it acellular.
And they kept bothering us and my son actually was fairly aggressive with them and told them, you know, if you keep bothering me, we're going to testify that it doesn't cause and you're really hurting the issue. And I told him, you

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know, these women, they're wrong, but after all, they do have affected children, you have to be polite, you have to be nice. One day we agreed to sit down with them and we said if we help you a little bit, will you go away? So they said we know you won't study it, but would you tell us, since you know how to study vaccines, how you would do a theoretical study.
So we said, look, if you promise to leave us alone, we'll give you a theoretical study. And here's the theoretical study. You take millions of children with thimerosal-containing vaccines, you take millions of children with no vaccines, you compare the autism rate or whatever rate you think it causes, and if you see a difference, there it is. But it's unethical to not vaccinate children. So you can't do the experiment. Now go away, don't bother us anymore. That's the way it actually stood for a long time. We were the No. 1 people they were angry at.

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Q. All right. Let me move on and ask you whether or not during the 1990s you were familiar with a product called RhoGam?

A. Yes, that's one I give, gave, and have given and continue to give myself personally.

Q. And in the 1990s when you gave that product, were you aware whether that product contained thimerosal?

A. No, I wasn't, and I very much regret it.

Q. To your knowledge was the presence of thimerosal in that product indicated on the product -- in the product labeling?

A. Yes.

Q. Did you read the product labeling before you gave the product to patients of yours?

A. Yes, and it didn't mean anything to, me unfortunately.

Q. Were you -- and did it indicate that there was thimerosal in the product?

A. I believe it did, I mean, I don't have a

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specific recollection, but looking back it seems that those inserts did mention that, yes.

Q. And did they indicate that thimerosal was a mercury derivative?

A. Some of them did, some of them didn't is my recollection.

Q. And were you aware that mercury could have deleterious effects on humans?

A. In the general sense, yes, but I had thought that at that kind of level they must have done the safety testing, it must be okay. There was no warning of this substance has been found to cause reproductive effects like the Californians had. There was no warning of any adverse effects ever reported related to thimerosal. So I was not, unfortunately and mistakenly, not sensitive to this, and I gave a lot of RhoGams and unfortunately I'm afraid I caused some damage.

Q. When was the earliest point in time that you believe there was evidence that showed a

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link between thimerosal-containing vaccines and autism?

A. In retrospect now?

Q. Yes.

A. In the '50s.

Q. And that's a link between thimerosal-containing vaccines and autism; correct?

A. Yeah, I mean, I may have missed something, but the doctor who was writing about the mercury-containing powders, teeth powders, and the problems that they cause actually mentioned that he thought it was also caused by thimerosal-containing vaccines. It's in his paper. Or maybe contributed to, I forget the exact wording. Exactly how he knew that, I'm not sure at this point. So I think you can trace it to some people knowing it at that point.

Q. All right. So you would say in your opinion you could go back to the 1950s to see in the medical literature at least the suggestion

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that thimerosal could be linked with autism; is that correct?

A. Or at least with symptoms like autism, autism-like symptoms, yes.

Q. Now I want to talk specifically about thimerosal-containing vaccines.

A. Okay.

Q. To your knowledge, when is the earliest point in time that there was evidence in the medical literature demonstrating a link between immunization with thimerosal-containing vaccines and autism?

MR. SMITH-GEORGE: Object to form. He just answered the question.

A. I think I just answered that. Either that or I didn't understand your previous one. He said in that article that although the article was written mostly about the mercury-containing dental product, he also looked at children that had childhood vaccines with mercury in it and they had symptoms like autism.

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Q. **(BY MR. THOMASCH) And do you recall the name of the author?**
A. Not off the top of my head, but again, I think it's probably in our list.
Q. **Apart from that particular reference, can you tell me what other early references you're aware of that would show a link between thimerosal-containing vaccines and autism.**
MR. SMITH-GEORGE: If you want to look at your paper, feel free.
MR. THOMASCH: Feel free to look at anything.
I see we're just about to run out of time on the videotape, we have less than five minutes. Why don't we go off the record.
THE VIDEOGRAPHER: The time now is 11:21. We are going off the record. This is the end of videotape 1.
(A recess was taken from 11:21 a.m. to 11:26 a.m.)

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THE VIDEOGRAPHER: The time now is 11:26. We are now back on the record. This is the beginning of videotape No. 2.
Q. **(BY MR. THOMASCH) Is there a pending question?**
(The pending question was read.)
A. I wanted, before I answer that, can I complete the previous question for you, it's Warkany and Huber, 1953.
Q. **I'm sorry, we have a plane going by. Can you just spell the first name of the author for the court reporter, please.**
A. W-a-r-k-a-n-y.
Q. **And --**
A. And Huber, H-u-b-e-r, 1953, was the paper that I was talking about with mercurials and dental problems. Now, I'll try to answer your other question. The actual association -- the association between thimerosal and autism specifically probably doesn't occur until the '90s. However -- and the reason for that is

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because of the epidemic. However, the knowledge that thimerosal causes neurological problems and that mercury causes neurological problems is extremely old, it goes back to 600 B.C. or something.
Q. **Let me stick with the very specific issue of childhood vaccines and autism. And by autism I'll use the -- I'll use it to include autism spectrum disorder. You understand what that is; correct?**
A. Yes.
Q. **Prior to July of 1999, are you aware of anywhere in the published scientific or medical literature where there was a hypothesis raised or a suggestion that vaccination with thimerosal-containing vaccines could cause autism?**
A. No, not in those terms. As I say there's a very long, an extremely extensive history on mercury and even -- and also very long history on thimerosal causing neurological

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damage, death, and all kinds of problems, but whether they specifically said autism, there may have been some mention of it, but it was not prominent because the United States didn't have an autism epidemic.
Q. **Can you identify any --**
MS. OWENS: Object to the answer as nonresponsive.
Q. **Can you identify any specific individual who raised a hypothesis in the medical literature that immunization with thimerosal-containing vaccines could cause autism prior to Lyn Redwood?**
A. No, I don't have a specific link with the term autism. As I said, I have a big link with that it causes neurological problems that sound like autism, but I don't have a specific association with the word "autism."
Q. **And I'm asking you about autism so we're on the same page here.**
A. Yes.
Q. **And you have identified Lyn Redwood in**

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prior public speeches as the first to come up with that hypothesis, haven't you?
A. Yes, and I disagreed with it.
Q. And that was in 2001?
A. I think that's correct. I have to look at a paper, but yes, I think it was published.
Q. You're aware of cases of studies involving high dose exposure to methylmercury, are you not?
A. To methylmercury and ethylmercury, yes.
Q. To both?
A. Yes.
Q. In any of those studies, can you identify cases of autism that were identified by the author in the study resulting from high doses of either methyl or ethylmercury?
A. Again, I think they identified neurodevelopmental problems. I don't know that they called them autism.
Q. All right. Moving back to just the general subject matters of your testimony in this

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case, we've agreed, we have a common understanding, am I correct, that you are not testifying with regard to specific causation, you are not testifying with regard to any issue involving the potential of a manufacturing defect. You are testifying with regard to general causation, correct?
A. Yes.
Q. You are also affirmatively prepared to testify on the subject matter of product defect and unreasonably dangerous products; is that correct?
A. Yes.
Q. And it is my understanding that it is your general opinion, sort of overarching opinion, that childhood vaccines that contain the preservative thimerosal were in the 1990s unreasonably dangerous and defective products?
A. Yes.
Q. And thus should not have been administered to children; is that correct?

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A. They shouldn't have been made with the thimerosal. I'm in favor of administering the vaccines, but I'm not in favor of having a well known neurotoxic in there.
Q. You are prepared to testify on the subject of the negligence of vaccine manufacturers; is that correct?
A. Yes.
Q. You are prepared to testify on the subject of the purported inadequacies of warnings that accompanied thimerosal-containing vaccines in the 1990s; is that correct?
A. Yes.
Q. Dr. Geier, in your opinion, is there any warning that could have been given in connection with thimerosal-containing vaccine that would then make the thimerosal-containing vaccine not unreasonably dangerous?
A. Indirectly, yes. If the correct warning were applied, doctors and patients wouldn't use the vaccines that had it and you

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wouldn't be able to sell it. Which would be unfortunate, by the way, because again, I repeat, I'm strongly in favor of the childhood vaccine program. But if you put, for example, the California warning on there, which California actually tried to do, and if that warning were displayed in a way that the parents would see that and the doctors would see that, you'd have a lot of trouble getting people to take the vaccines.
Q. All right. As I understand the subject matter of your testimony with regard to unreasonably dangerous products and defective warnings, you feel that the vaccines should not have been designed with thimerosal in them, correct?
A. That's right. Mercury should never be in a human product.
Q. So the mere presence of thimerosal in those vaccines in and of itself renders them unreasonably dangerous in your opinion, correct?

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A. Yes.
Q. You further believe that the labeling was defective, in that it didn't point out the presence and dangers of thimerosal in the vaccine; is that correct?
A. Yes.
Q. Am I further correct that the only adequate warning in your mind would have been one that effectively told parents not to use this drug, not to use this vaccine?
A. I mean, that's the ultimate best thing, but I think the warnings could have contributed and they could contribute today. I'll give you an example. Most parents are still not aware of this issue. And if they were warned that this particular product, let's say it's an influenza vaccine, has the thimerosal and that there are other influenza vaccines without thimerosal, the parents will demand the one without thimerosal. And therefore it makes a difference. There also are of course people who have to weigh, the

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doctors and the patients have to weigh the risks and the benefits.
And so, you know, if there was a, god forbid, a giant flu epidemic that was killing the country and the vaccine that you made happened to work against it and all you could get was thimerosal-containing, then it would be up to the patient and the doctor to weigh the risk of this versus that and I might in that situation use the one with thimerosal. So I think the warnings have relevance, but the product is defective anyway.
Q. Were there any such flu epidemics in the United States, the type you're referring to now, in the 1990s?
A. No.
Q. Were there any type of epidemics at all of that magnitude in the 1990s in the United States?
A. No.
Q. In the 1990s in the United States, in

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your opinion, sir, was there any warning that the manufacturers could have put on the product that would have allowed for the safe use of the product?
A. I think that if they had warned correctly, they would have allowed people to do what they're entitled to do, which is to make an informed consent, and that's a matter of opinion between the patient and the doctor using the product. There's no doubt in my mind that these childhood vaccines have efficacy and they have a benefit. So although being as terrified as I am now, knowing about the epidemic, I might have chosen not to use them some people might have chosen to use them. So the defect -- the hubris of the defect would have been much less had the people been warned and some of them might have said, okay, I'm willing to take the risk because I don't want my child to develop diphtheria, tetanus, pertussis, whatever the disease is. So personally, would I currently take a vaccine and

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give it to a young child with thimerosal? No, but I recognize there's a weighing to be done, and no weighing was done because there was no warning.
Q. If today for any reason the only available vaccine to protect against the diseases of diphtheria, tetanus and pertussis was a thimerosal-containing vaccine, would you or would you not recommend administering such a vaccine to a healthy infant?
A. Personally I would not give a vaccine that had the full dose, I'm not talking about the trace, of thimerosal to any infant. I couldn't in good conscience do that anymore.
Q. All right.
A. That's personal. And I recognize a parent's right and another doctor's right to say, well, there's some risk I've been told, but pertussis I agree is a bad disease and diphtheria is a bad disease, and they might come to a different conclusion.

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Q. I want to come back to the 1990s again, in the medical landscape as you recall it. Without regard to what any other parent might think, I want your professional opinion, do you believe that a thimerosal-containing vaccine could have been made not unreasonably dangerous by virtue of any particular warning that might have been put on the product?

A. No, I don't. I said that twice, three times. No, I don't think it could have, but I do think the warning should still have been there.

Q. But the real reason the warning would have been there in your mind, the real value the warning would have had would have been to cause people to not take the vaccine, correct?

MR. SMITH-GEORGE: Object to form.

A. The ultimate value of telling the truth about one's product is if you have a product that has a lot of efficacy and you have some danger, you'll be under tremendous pressure to fix the danger without giving up the efficacy. So it's

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not just that I wanted them not to take it. Because, as I said, in my heart I don't want them not to take it. I don't want infectious disease. What would have happened is there would have been a demand to get the damn stuff out of there, which there is now. But the people didn't know to make that demand and that's the most important part of the warning. Also there is the informed consent issue because any time you have efficacy and danger, people are entitled to know the efficacy and the danger and you can't hide the danger and expect them to make an informed consent decision.

Q. But it's okay with you to keep the danger in the vaccine as long as you disclose it?

A. No, I didn't say that. I said that that's an additional defect and I believe that there's a relationship. You asked me what I ultimately wanted, did I ultimately want the children not to be vaccinated. No, I ultimately wanted your company to make the correct vaccine

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so we could have neither chronic disease nor infectious disease. I don't think we should have to choose between those two.

Q. Was there any warning that could have been given in the 1990s that would have allowed doctors and parents to make a determination that this vaccine is only dangerous to a susceptible child and I can simply do a genetic susceptibility test to see whether it's okay for my child or not?

A. I think that's conceivable, that is, there's some talk that you could inject a small bit of mercury and see if people had a bigger or smaller reaction to it. I think on a population level -- on an individual level you could probably do that. On the population level it would make the vaccine program very difficult to administer. To suggest that every child had to be tested for mercury susceptibility before they got the vaccines.

I think again to go into your question,

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you're also asking for a yes or no answer, so for example -- there's more than a yes or no answer. You asked me personally. Okay. For example, I would start looking at the shots that I didn't consider to be so important, so critical, for example the at-birth dose of hepatitis B, if I knew that that had thimerosal, I certainly wouldn't give it, because if I knew the mother was hepatitis B negative, there's virtually no risk.

Now when I got to a vaccine where there was risk like pertussis, which you know I have a long history of, worries me a lot. So the people would make different decisions. What happened is the people had the wool pulled over their eyes thinking there's no decision to be made, these vaccines are only good, they're not bad, so everybody should take them. That made sense. The minute you know there's a risk, now you start thinking, hmm, has there been any pertussis in this state? Do I need the hepatitis B when I

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know that I'm not at risk because my husband and I have been together forever and I'm hepatitis B negative? People would start making, and in fact doctors did make that decision when it came out for a while, they didn't give the birth dose of hepatitis B, and obviously the birth dose one of the most dangerous because the kids are the smallest, and so the dose is high. So what you did is you took away the power of doctors and patients to make intelligent decisions.

MR. THOMASCH: I'll move to strike that answer as nonresponsive.

Q. (BY MR. THOMASCH) Dr. Geier, you have indicated that you thought that in the 1990s thimerosal-containing vaccines were unreasonably dangerous and also that they were inadequately labeled?

A. Yes.

Q. Do any of your opinions in that regard differ from manufacturer to manufacturer or from vaccine to vaccine, or do you consider all of them to have been similarly defective?

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A. I'm sure they differ. Who's here from SmithKline?

MR. THOMASCH: We have representatives from SmithKline.

A. SmithKlineBeecham in 1997 made a DTaP that contained no thimerosal. Used 2-phenoxyethanol. Applause to them. Of course that wasn't as defective, that was wonderful. And in fact that was what allowed people to determine how much damage there was. So of course there were differences.

Q. What I was asking, I may not have been as precise as I should have been with my question, among the thimerosal-containing vaccines, vaccines that used thimerosal as a preservative in the 1990s, do any of your opinions on product defect or inadequate labeling differ from manufacturer to manufacturer or product to product or do you consider them all similarly defective?

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A. No, again, I gave you one example, I'll give you another one. It depended on how much thimerosal you were exposing the children to. Those who made DTP, because there wasn't aP at the time, for reasons you and I are familiar with, those who made DPTH as opposed to DTP comm: H, lowered the thimerosal risk. And again I applaud that. But by putting the four together you only gave one shot instead of two shots you cut 25 micrograms off the dose. So yes, there were variations. Also there were companies that made --

Q. Can I just interrupt you for a moment for clarification. You said DTPH. Do you mean the combination of diphtheria, tetanus and pertussis and Haemophilus influenzae type B?

A. Yes.

Q. So the DTP/Hib combination vaccine?

A. Was safer with regard to thimerosal than those who made DTP and H Hib separately. Because the thimerosal was added to two vials so

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you got 50 from one and 25 from another.

Q. The DTPH vaccine that combined DTP and Haemophilus influenzae contained thimerosal, correct?

A. Yes.

Q. At all times, correct?

A. But the dosage that the child got, if they used the combination was less than the dosage that the child would have gotten had they not used the combination. Therefore, you asked me if there were different levels of guilt, and the answer is whoever the DTPH had less thimerosal and therefore they caused less damage.

Q. In your opinion, in the 1990s, was the combination diphtheria-tetanus-pertussis and Haemophilus influenzae type B vaccine a defective product?

A. Yes, but not as defective as the DTP separate from the Hib.

Q. But defective?

A. Yes.

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Q. Was it inadequately labeled?
A. Yes, but not as inadequately labeled. It didn't have as big a dose.
Q. Were there any routinely administered childhood vaccines in the United States that contained thimerosal used as a preservative that in your opinion were not defectively designed?
A. No.
Q. Were there any such vaccines that in your opinion were not inadequately labeled?
A. No, except the one that didn't have it, I mean, as I mentioned --
Q. I'm only dealing with those that had it.
A. Yes, they all should have labeled it.
Q. You have had certain communications with plaintiff's counsel about this case, correct?
A. Yes.
Q. You have reviewed certain medical records pertaining to Jordan Easter, correct?

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A. Yes.
Q. And you have prepared a report in this case, various drafts of which and the final product you brought with you today; is that correct?
A. Yes.
Q. Is there any other specific work on this case that you can identify having done since you were retained?
A. No.
Q. What was the first -- when did you first get retained in a litigated matter in any court involving alleged injuries from administration of thimerosal-containing vaccines where the allegation related to the thimerosal component?
A. I think this is the first case that I've done in civil litigation. There may have been a couple of cases that are filed in the Vaccine Compensation Act that I wrote a report supporting, although they're all on hold and I'm

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not sure you need support at this point, but a couple people asked me to briefly say they their case had validity.
I don't believe there are other -- I believe that I was retained in an odd sort of way by a Canadian group, it's really odd because we didn't want to be retained but their law apparently required that I agree to take a small retainer before they could get me approved, and they have no cases, so I'm sort of retained, and their interest is in thimerosal, and apparently I don't understand the system, but apparently to be an expert under their socialized law system you have to first retain the guy, then you have to get him approved as an expert, and then you're going to have cases. So I know nothing of their cases. And I told them, I made it very clear that if I don't like the cases, I'm not testifying in them.
Q. For the balance of my questions I'll stick to the United States. Other counsel may be

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interested in Canada.
A. Okay.
Q. In the United States we can talk about cases in the civil courts, state and federal courts, as distinct from the vaccine court; is that fair?
A. Yes.
Q. And you are very familiar with the vaccine court proceedings, correct?
A. Yes.
Q. You're also familiar that in those proceedings, there's no requirement that any form of product defect of inadequate labeling be shown in order to receive compensation, correct?
A. That's correct. They're no-fault.
Q. The only thing that needs to be shown is an injury resulting from a vaccination; correct?
A. Correct.
Q. So the extent you have served or are serving as an expert witness in cases in vaccine court, it would relate to the issue of causation;

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is that correct?
A. That's correct.
Q. And is it general causation, specific causation, or both, that you have been involved in in those cases?
A. I guess both, but as I said, these cases really haven't gone anywhere, so basically I wrote a letter saying it can cause this and I think it did in this case, but it's been very brief, no hearings on these cases yet.
Q. Were you approached in those instances by the parents directly or counsel?
A. By counsel.
Q. What counsel were you approached by?
A. I don't recall. Also I'm not sure I am allowed to tell you until I either give a deposition or appearance.
Q. Are there other cases in state or federal courts besides this case in which you understand that you are retained to provide testimony for the plaintiffs at some future date?

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MR. SMITH-GEORGE: On thimerosal only?
MR. THOMASCH: This relates to thimerosal-containing vaccines where the subject matter of the lawsuit relates to thimerosal.
Q. None come to mind. And again, if there were, I'm not sure I'm allowed to identify them until I give a deposition or am formally named.
Q. (BY MR. THOMASCH) we can save our disagreement on that if, you certainly can tell me, are you aware of any such cases without naming them?
A. No, I'm not aware of any such cases. To be fully disclosing this, I do not want to mislead you, I've had a number of conversations with various law firms who vaguely have an interest in this topic. Most of them go away and that's fine. But I haven't specifically been hired by anyone.
Q. Have you been retained by any law firm or anyone to do legal consulting work that relates to the subject matter of

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thimerosal-containing vaccines other than by Mr. Waters' law firm?
A. Outside of the Vaccine Compensation Act?
Q. And outside of the Vaccine Compensation Act.
MR. SMITH-GEORGE: Just in the interest of full disclosure, I don't know, I think this might have been sent to you all, but part of the requirements is we give you a list of cases that Dr. Geier has worked on, and I just wanted to make sure you all received that. This is a list generally of the cases he's been involved in.
MR. THOMASCH: I think this is a list of the cases he's been deposed in.
MR. SMITH-GEORGE: Right.
MR. THOMASCH: I think my question was markedly broader than that.
MR. SMITH-GEORGE: I understand, but the requirement under the rules is that we provide that list, and I just want to make sure that the

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record reflects that I did give you that, because I don't know if it's been provided to you earlier.
MR. THOMASCH: Ask the reporter to mark as our next exhibit a one-page document entitled "Statement by Mark and David Geier regarding their analysis of VSD thimerosal data."
(Deposition Exhibit No. 10, statement by Mark and David Geier regarding their analysis of VSD thimerosal data, was marked.)
Q. (BY MR. THOMASCH) Dr. Geier, why don't I trade with you and give you your original exhibit for your use.
A. Okay.
Q. You have in front of you what was marked as Exhibit 10?
A. Yes.
Q. Do you recognize it?
A. Yes.
Q. What is it?
A. It's a statement about what happened

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with the VSD, some of what happened with the VSD.
Q. Did you prepare it in whole or in part?
A. Yes.
Q. When did you prepare it?
A. I don't recall. I think I had something to do with preparing it.
Q. The second paragraph indicates, the results of this new study will be published in December in the peer-reviewed scientific/medical journal of Expert Review of Vaccines, and it goes on from there. Do you see that?
A. Yes.
Q. What year is being referred to there?
A. I guess it was last year.
Q. December 2003?
A. I think so.
Q. Was that article indeed published in the Expert Review of Vaccines?
A. Indeed not.
Q. Was it submitted for publication?
A. Let me explain this to you.

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Q. Let me just ask the question --
A. I can't answer that because you don't understand the journal.
Q. If you can't answer it, then I'll withdraw the question.
A. The way you asked it, I can't answer.
Q. Fair enough. If that happens you just let me know, and I'll take the question back. You submitted the article for publication, correct?
A. We were invited to submit the article by the --
Q. Did you do so? Did you provide them with a copy?
A. Yes.
Q. Has it appeared in the published journal?
A. No, and it will not appear. It was accepted and then interfered with, but it will not appear.
Q. And has not?

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A. And has not, and will not.
Q. All right. Now, the statement begins with the term "independent researchers," and I take it that statement made by you is intended to refer to yourself and your son, David Geier; is that correct?
A. Actually the term was referred to and invented by the Congress people. We are their example of independent researchers. That's what they presented to the CDC, that they were going to provide independent researchers, namely David and Mark Geier, and I believe our computer programmer.
Q. So that would be Congressman Burton or individuals working with him? Is that who you are referring to?
A. Burton and Weldon. Dr. Weldon is the one we worked with most closely.
Q. One or the other of them represented to CDC that yourself and your son were, quote, independent researchers; is that correct?

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A. Yes.
Q. What does that term mean to you?
A. Means that we don't take funds from the drug companies or the CDC. We don't have a particular direction of looking at this issue. Certainly did not have a direction at that time.
Q. What is the Genetic Centers of America?
A. It's my set of clinical practices.
Q. Is it a partnership, a corporation, or is it --
A. I think it's a corporation.
Q. Who are the shareholders?
A. Myself, Dr. John Young, Y-o-u-n-g, Dr. Michael Trigg, T-r-i-g-g.
Q. Have you done any work with either Dr. Young or Dr. Trigg with regard to legal matters concerning thimerosal-containing vaccines?
A. No.
Q. When was Genetic Centers of America formed?
A. The corporate entity I think was formed

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around '98 or '99. Before that -- it contains other elements of our practice. The practices begun in 1980.

Q. What is your position?

A. President.

Q. Are there other officers of the corporation?

A. Yes.

Q. Who are they?

A. Dr. Young and Dr. Trigg.

Q. And what are their positions?

A. I think Dr. Young is vice president and I think Dr. Trigg is treasurer or treasurer-secretary, but I'm not certain.

Q. What is the nature of the business of Genetic Centers of America?

A. Does clinical consultation in the fields of genetics and high risk OB sonography and genetic assessment of risk for cancer and other disorders.

Q. Does any part of the business of Genetic

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Centers of America concern issues related to this litigation?

A. No, not directly.

Q. What is MedCon, Inc.?

A. It's a corporation that is, the president is David Geier.

Q. Who is your son?

A. Who's my son and coauthor on many papers.

Q. You said that was a corporation?

A. Yes, I believe so.

Q. Who are the shareholders of that corporation?

A. He is, I'm not. I think he's the only shareholder.

Q. When was that formed?

A. Three or four years ago, maybe five years ago. I don't recall.

Q. Has it been known by any other names?

A. No.

Q. Now, you receive compensation from

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Genetic Centers of America, correct?

A. Yes.

Q. In the form of salary?

A. In the form of dividends and sometimes a salary, yes.

Q. Do you receive any form of compensation from MedCon, Inc.?

A. No.

Q. What is the nature of MedCon, Inc.'s business?

A. It does consulting work for plaintiffs and defense attorneys and other interested parties in issues that have to do with medicine and manufacturing medical areas.

Q. Does MedCon, Inc. have any employees?

A. No.

Q. I want to show you your CV again previously marked as Exhibit 6. If I could just briefly take you over to page 2?

A. Okay.

Q. Looking at the area of the resume

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entitled other positions, do you see that?

A. On page two?

Q. On page two, second page of seven. Your version may be slightly different than mine. After education and work experience, state licenses and board certifications, do you have something called other positions on that version

A. Looks like a piece of this version has been cut off.

Q. May I see the original exhibit?

A. Sure.

Q. Okay. On this version which is marked as Exhibit 6, let me direct your attention to the top of page three. Do you see that?

A. Yes.

Q. Am I correct that from 1980 to the present, you've been codirector of Genetic Consultants of Maryland?

A. Yes, which is now part of the Genetic Centers of America.

Q. It's now part of the Genetic Centers of

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America?

A. Yes. Remember I told you that we had other entities before we put them together into the Genetic Centers of America.

Q. Okay. Does it still currently exist or has it simply been subsumed within Genetic Centers of America?

A. We still use the name. I don't know the legal standing but we still use the name. That's the name of our Bethesda practice basically.

Q. Is the business any different than the business of Genetic Centers of America that you described?

A. No.

Q. From 1980 to the present, you've been laboratory director of Molecular Medicine, is that correct?

A. It actually should read, I guess in the latest one it does, that ended in 2003.

Q. All right. What was --

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A. We sold Molecular Medicine in 2003.

Q. What was Molecular Medicine?

A. A laboratory that did genetic testing to support our practices and some commercial laboratory testing and other practices.

Q. Do you still do lab -- withdrawn. At that time, 1980 to 2003, did you in fact do yourself laboratory testing relating to genetic matters?

A. Yes.

Q. Were you capable of testing for the types of polymorphisms that you earlier referenced in your testimony?

A. No, I knew how, but our lab wasn't set up to do that.

Q. Who did you sell molecular medicine to?

A. Genzyme.

Q. Genzyme?

A. Genzyme, Inc. I'm not sure how the Inc. goes, but Genzyme.

Q. All right. The next entity that's identified on your resume, at least the version I'm looking at, is the Institute for Immuno-Oncology and Genetics, and do you recognize that entity?

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A. Yes.

Q. What is it?

A. It's a nonprofit organization which we set up in case we wanted to fund some nonprofit things, and I think early on in the early or middle '80s we did some funding of some research projects. I don't think it's been active in the last 10, 12 years. But it still exists and might in the future become active.

Q. Was it engaged in any revenue-generating activities at any time?

A. No, it's not set up as a revenue-generating corporation.

Q. What is Genetic Counseling and Research, Inc.?

A. That's another arm of what is now the Genetic Centers of America, that's the

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corporation that contains our Baltimore office, at one time it contained our Frederick office, it also contains the Ultrasound Institute of Baltimore. I think at one time it even contained for a brief time an office presence in Salisbury, Maryland.

Q. Is that entity different from Genetic Counseling and Research, Inc., T/A the Ultrasound Institute of Baltimore, Maryland?

A. No, as I told you it contains that one. That's one of the branches.

Q. So all of those entities are also involved in clinical work on women who are or seek to become pregnant?

A. Not necessarily women, but it does prenatal genetics, couples that have some infertility problems, and it also does risk of various kinds of cancer. So it can be a man.

Q. Are there any activities that go on in any of those entities that relate to your legal consultations?

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A. No. And they're all part of the Genetic Centers of America now. That was just sort of a legal reorganization of the corporations that some lawyer did I don't know much about.

Q. Okay. As I understand it, both you and your son, David Geier, at times are involved in the field of legal consulting; is that correct?

A. Yes.

Q. To the extent that your son is, revenues for that go to MedCon, Inc., correct?

A. Yes.

Q. To the extent you are, they come to you personally, is that right?

A. Yes.

Q. Is there any corporate capacity or other type of entity that receives revenues as a result of your legal consulting efforts?

A. No.

Q. Has David Geier played any role in connection with the Easter case?

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A. He's helped me in preparing some of the documents and in preparing the report.

Q. Are there any particular parts of the report that he is in a sense primarily responsible for?

A. No, we just did it together, and of course indirectly he's a coauthor on, if you look at my CV, on quite a number of the papers and I believe on all the thimerosal papers. And the Power Points that you have that we gave you, those are generally, I can't guarantee a hundred percent, but generally that talk is given jointly by us. There have been times when one of us couldn't make it but it's generally our joint talk. We share the microphone and use those slides together. So we prepare the slides together.

Q. Have you been compensated for any of the consulting work that you have conducted in connection with cases pending in vaccine court that relate to alleged autism-related -- alleged

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thimerosal-related injuries?

A. We may have -- or I may have been paid a small fee to write a couple of these letters to help them submit, although, as I said, I don't think the Court requires it, but I think one or two law firms wanted a letter saying I thought the case was valid. It might have been a small amount. I charge hourly. Actually, even that's incorrect, because I'm not compensated by them. I'm compensated by the Court. I think by rule, again, I'm not a lawyer, but by rule, I think the lawyers -- that the all the experts have to be paid by the government.

Q. You received some amount of compensation out of vaccine court?

A. Correct.

Q. You've received some amount of compensation from Mr. Waters in connection with your work on this matter; correct?

A. Yes.

Q. To your knowledge, did you do any work

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that was unique to the Skevofilax case in which you had previously been designated by Mr. Waters as a testifying expert?

A. No, I just did the general causation, so I guess it applies to any case that I accept. I haven't accepted that one yet.

Q. Did you receive any revenues in connection with the work you did in connection with the Canadian case?

A. Yes, a small retainer, something like $500, which, as I said, they had to give me or they couldn't apply for me in the future.

Q. All I want to know is whether apart from the work in the Canadian case, the work for Mr. Waters, and the work in vaccine court, Have you been involved in any other activities that relate to alleged injuries from thimerosal vaccines for which you have been compensated?

A. No. Some of our expenses have been paid or will be paid for the visiting the vaccine, the VSD, but that's really related to the VCA,

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Vaccine Compensation Act.
Q. And who will be paying those expenses?
A. There's an omnibus group that represents the people that filed, there's a group -- it's my understanding there's a group of attorneys that together are doing discovery. And they're authorized to have some experts help them. And so since we have permission to go to the VSD and since it costs, I don't know, $3,000 a day, they've agreed to pay our expense money to go and do that.
Q. Have any of those payments occurred to date?
A. No, I don't think so. Maybe there was one that was made, I'm not sure.
MR. THOMASCH: All right. Might be a convenient time for a break. We haven't had one this morning.
THE VIDEOGRAPHER: Time now is 12:07. We are off the record.
(A recess was taken from 12:07 p.m.

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to 12:21 p.m.)
THE VIDEOGRAPHER: The time now is 12:21. We are now back on the record.
MR. THOMASCH: I'll ask the reporter to mark as our next exhibit a statement on thimerosal at the World Health Organization dated August 2003.
(Deposition Exhibit No. 11, statement on thimerosal at the World Health Organization dated August 2003, was marked.)
Q. (BY MR. THOMASCH) Dr. Geier, I'm going to show you what has been marked as Exhibit 11, I ask you to take a look at that. Have you had a chance --
A. I believe I've seen it before.
Q. You've done certain searches of the worldwide medical literature on thimerosal; is that correct?
A. Yes.
Q. As a consequence of any of those searches, have you previously seen what has been

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marked as Exhibit 11?
A. I believe I've seen this or something similar to this before.
Q. Are you familiar with an organization called the World Health Organization?
A. Yes.
Q. What is it?
A. It's a branch of the United Nations that does, among other things, vaccines for third world mostly. Has as its most famous accomplishment wiping out smallpox from the face of the earth.
Q. Through vaccinations?
A. For which I applaud.
Q. Through vaccinations?
A. Through vaccinations.
Q. The document seems to be captioned Statement on Thimerosal and dated August 2003, correct?
A. Yes.
Q. It refers to the Global Advisory

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Committee on Vaccine Safety. Have you ever heard of that organization?
A. Vaguely.
Q. Do you have some sense of what they do?
A. They advise on vaccine policy mostly for the third world.
Q. And advise the World Health Organization?
A. Yes.
Q. The first sentence of the text of the document, under the bolded captioned material, states, in 1999, concerns were raised in the United States about exposure to mercury following immunization, do you see that?
A. Yes.
Q. Do you agree with that statement?
A. Yes.
Q. Have you reviewed the second paragraph of this document with regard to data that was presented to the Global Advisory Committee on Vaccine Safety in June 2002?

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A. Yes.
Q. Did you per chance attend that presentation?
A. No.
Q. Are you familiar with what data was presented to the Global Advisory Committee on Vaccine Safety in June of 2002?
A. No.
Q. Do you see in the text of Exhibit 11 that it indicates that such data, quote, indicate that the pharmacokinetic profile of ethylmercury is substantially different from that of methylmercury. Do you see those words?
A. Yes.
Q. Do you understand the term pharmacokinetic profile?
A. Yes.
Q. Do you understand there are differences between ethylmercury and methylmercury?
A. Yes.
Q. Are the subjects, the pharmacokinetic

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profile of ethylmercury and the pharmacokinetic profile of methylmercury, within the scope of the matters on which you expect to testify in this case?
A. Yes.
Q. It indicates further, quote, the half-life of ethylmercury is short (less than one week) compared to methylmercury (1.5 months), making exposure to ethylmercury in blood comparatively brief. Did I read that correctly?
A. Yes.
Q. Do you agree with that sentence?
A. No.
Q. Can you tell me as succinctly as possible what references or authority you base your disagreement with that sentence on?
A. I think in my report I have a whole section that discusses the similarities between ethylmercury and methylmercury. This is one of the indefensible defense points that has been raised against the thimerosal issue. First --

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there are numerous things wrong with it. First of all --
Q. Are they captured in your report?
A. Yes.
Q. Then I'll hold off for the moment.
A. Sure.
Q. It also indicates that two independently conducted epidemiological studies have been conducted in the United Kingdom. Do you see that?
A. Yes.
Q. Do you know what that's relating to?
A. I believe that's Elizabeth Miller's work.
Q. All right. And the second paragraph of Exhibit 11 concludes with a statement by the World Health Organization, quote, these studies further support the safety of thimerosal-containing vaccines in infants in the amounts used in existing vaccines. Did I read that correctly?

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A. Yes.
Q. Do you agree with that statement?
A. No.
Q. Do you believe that that conclusion of the Global Advisory Committee on Vaccine Safety of the World Health Organization was come to honestly by that group?
A. No.
Q. What do you believe accounts for the -- withdrawn. You disagree with the conclusion and believe it's wrong, correct?
A. I believe it's wrong.
Q. And you don't believe it was honestly come by; correct?
A. That's correct.
Q. What do you believe has provoked the Global Advisory Committee on Vaccine Safety to have dishonestly concluded that studies further support the safety of thimerosal-containing vaccines?
A. That they've been giving and poisoning

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children, either knowingly or unknowingly, for a long time, that makes it really hard to admit that you're wrong. Also their whole policy as I've discussed in numerous articles, many of which we've put in our report, their policy requires thimerosal be maintained in the vaccines they feel because of lack of refrigeration for the third world.

They additionally have put out a memo signed off by our boys at the CDC, including Dr. Chen, that not only do they need thimerosal in third world vaccines, they need to strongly advocate that we continued to keep it in our vaccines, because if we don't have it in our vaccines, the third world is going to refuse to take it. Therefore they're willing to damage American children in order to help the third world. And incidentally, I'm strongly third world. I would be willing to, if I had my power, I would give U.S. money to help them with their vaccine program. But I will not, would not

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approve damaging U.S. children to help them.

Q. All right, we're running astray.

A. Well, you asked me why they had reason to give incorrect information. I gave you some of it.

MR. ELLIOTT: Object to the responsiveness.

Q. (BY MR. THOMASCH) Let me take you to the third paragraph which indicates that the Global Advisory Committee on Vaccine Safety reviewed certain pharmacokinetic study data on June 11th and 12th of 2003; do you see that?

A. Yes.

Q. Were you at that meeting where such data was presented?

A. No.

Q. Are you aware of what data was presented?

A. Yes.

Q. In the 4th paragraph it states, in the first sentence, on the basis of the foregoing,

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the GACVS concluded that the latest pharmacokinetic and developmental studies do not support concerns over safety of thimerosal (ethylmercury) in vaccines. Do you see that?

A. Yes.

Q. And the GACVS is the Global Advisory Committee on Vaccine Safety, correct?

A. Yes.

Q. Am I correct that you disagree with their conclusion that the latest pharmacokinetic and developmental studies do not support concerns over the safety of thimerosal in vaccines?

A. I disagree.

Q. Do you believe that the opinion that they reached, the conclusion that they reached in that regard was honestly come by?

A. No.

Q. Is it my understanding that you believe that they know and understand these statements to be false?

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A. Yes. False in the sense that they were justified by saying that their vaccines in the third world do more good than harm and they can't admit the harm or perhaps the good would be undone, but they are false.

Q. I'm not --

A. And they know they're false.

Q. I'm not asking about policy ramifications or whether it's justifiable to be inaccurate. You're stating that the conclusions are inaccurate, correct?

A. Yes.

Q. And that the World Health Organization's Global Advisory Committee on Vaccine Safety knows that to be the case and is saying it anyway?

A. That's my opinion. Obviously I can't be in their head. But it's my opinion that they're saying it anyway, that's correct.

Q. Do you have an opinion as to whether any part of the World Health -- withdrawn. So in layman's terms, the Global Advisory Committee on